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POINTS OF
INTEREST

- Members of the Clinical Staff have been overheard discussing patients in elevators, in the cafeteria and in the stairwell.
- Confidential patient information has been left at copy machines and other unsecured places.
- In the Hatfield Center there are even more public spaces so please be mindful of your conversations!

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The Clinical Chronicle is dedicated to keeping you informed about issues related to clinical care, patient safety, and the JCAHO!

This month's lead story is **CONFIDENTIALITY**, particularly important as we move into our new building where multiple open public spaces encourage healthy conversation and consultation.

Patient Confidentiality at the Clinical Center

All Clinical Center staff are affected by confidentiality issues. In 1974, the U.S. Congress passed the Privacy Act. This law places strict limits on how federal agencies may use and disclose personal information, including medical information. Medical information obtained from and about Clinical Center patients constitutes a system of records to which the Privacy Act applies. The Privacy Act limits who may have access to the information and how it may be used.

Confidentiality and Information Security Reminders

Requests for release of medical information authorized by the patient should be forwarded promptly to the Medical Record Department for processing. Such requests must have a patient signature, indicate the material to be released and the complete address of the requested recipient of the records.

You are not allowed to keep medical records in your office or lab between patient visits. Medical records must be maintained in secure non-public areas at all times and must be returned to the Medical Record Department promptly so they are available for future patient care encounters.

Paper containing confidential medical information must be disposed of in the confidential information shred box (square grey box) to ensure proper disposal.

Patient sign in clipboards and/or appointment lists should not be left unattended or unprotected on countertops. Fax machines/printers must be located in a secure area.

Passwords must be kept confidential and authorized users must log off CRIS and other databases immediately following use. Be mindful of the placement of your computer screens on patient care units.



Mark O. Hatfield Clinical
Research Center



Don't yak about patients in public places.

Make sure you can't be overheard when you discuss confidential patient information.

Test Yourself... What would you do if?

You overheard a patient-related conversation between two clinicians in an elevator or in one of the new 'lounge' areas of the CRC? Politely interrupt the conversation and inform the individuals that such conversations must not be conducted in areas where they may be overheard by others. Recommend a specific area if possible (e.g., private conference room, office, etc.)

You saw an NIH employee leaving the Clinical Center with medical records? Medical records should not leave the Clinical Center. If an authorized user whose office is located outside of the Clinical Center would like to review medical records, the MRD has areas available to conduct such reviews.

You saw an unattended cart filled with medical records in a public area? Return the cart to the MRD and notify MRD staff where the cart was located.

ASK DR. QUALITY

Have a question about the NIH Clinical Center clinical quality or patient safety programs? Have a suggestion?

ASK DR. QUALITY!! Send your mail to CC-DRQUALITY@cc.nih.gov.

Q: How can I get more information about confidentiality at the Clinical Center?

A: The Medical Record Department has a non-pejorative Privacy Act Compliance Committee, which is available to visit areas within the Clinical Center to assure compliance with confidentiality standards. This group is available to visit any area in the Clinical Center complex at any time. For further information or to coordinate a review, contact the MRD at 301-496-2292.

Q: Are there any differences between MIS and CRIS related to confidentiality?

A: No the same strict rules of confidentiality apply. Do not give your password to anyone. Violation of this policy will result in significant disciplinary action. Be mindful to keep your computer monitor turned away from others and common areas when in use. Do not share confidential information with unauthorized coworkers.

INFECTION CONTROL UPDATE

The “**flu (influenza) season**” is upon us. According to the CDC an estimated 10% to 20% of the U.S. population becomes infected resulting in more than 110,000 hospitalizations and more than 20,000 deaths from flu-related complications each year. The flu spreads in respiratory droplets caused by coughing and sneezing. It usually spreads from person to person, though occasionally a person may become infected by touching something with virus on it and then touching their mouth or nose.

Symptoms of Flu Include:

Fever (usually high), headache, extreme tiredness, dry cough, sore throat, runny or stuffy nose, and muscle aches. Gastro-intestinal symptoms, such as nausea, vomiting, and diarrhea, are much more common among children than adults.

Good Health Habits

Avoid close contact, stay home when you are sick, cover your mouth and nose when coughing or sneezing, wash your hands, avoid touching your eyes, nose or mouth.

As you know, on October 5, 2004, the CDC confirmed that there is a severe shortage of flu vaccine in the United States. The first priority in the NIH vaccination program will be given to patient care providers. Please call the Hospital Epidemiology Service (301-496-2209) or Occupational Medical Services (301-296-4411) to discuss any questions or concerns you may have.

NATIONAL PATIENT SAFETY GOALS (NPSG)

#4: Reduce the risk of health-care associated infections.

- Comply with current Center for Disease Control and Prevention (CDC) hand hygiene guidelines. For more information go to the CDC at <http://www.cdc.gov>.
- All identified cases of unanticipated death or major permanent loss of function associated with health-care acquired infection will be investigated by the Office of the Deputy Director for Clinical Care.

SAFETY TIP OF THE MONTH

Did you know that we built the CRC to protect you in case of a fire? The fire protection systems are designed to minimize fire and smoke from spreading and provide you a safe exit path for emergency evacuation. You'll get more information during your unit orientation and fire drills but here are some highlights.

- Safety rated construction barriers divide the building into discreet compartments or zones. You can identify a zone by looking down any corridor. The zone is the area between two sets of cross-corridor doors. Each patient care unit is a discreet zone. The barriers that surround a zone allow the hospital staff to "defend in place" and only move patients for an imminent threat.
- The fire alarm system activates in a zone when someone pulls the manual fire alarm or a sprinkler or smoke detector is activated automatically by heat or smoke. Once activated, fire strobe lights and loud whoops alert staff of the fire emergency. In addition you will hear a recording announcing “**Code Red**” and the location. **The “Code Red” announcement is new and takes the place of a “Page 100” over the public address system.**
- Exit signs guide you to a "safe" area of the facility even if the power goes out. The fire alarm system and its components are all on emergency generator power.
- Fire extinguishers are located in the corridors for small self-contained fires only. When in doubt, follow RACE: Rescue, Alarm, Contain, and Evacuate. Remember, always dial 911 and pull the manual fire alarm to alert the fire department and everyone else in the zone where you discovered a fire emergency.
- Stairs are enclosed in safety rated barriers w/emergency lights in the event you have to evacuate the facility.

We hope you have found the information contained in this edition helpful.

Please send your feedback to CC-DRQUALITY@cc.nih.gov.

The *Clinical Chronicle* is available on the CQC Website.